



European Association for Gestalt Therapy
Established 1985

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APPLICATION FORM FOR SUPERVISORS

PERSONAL DATA:		
Last Name:		Male Female
First Name:		
Complete address:		
Date of birth:	Place of birth:	Country of birth:
E-mail:	Website:	

Have you passed a specific Gestalt therapy supervisors training program by an accredited EAGT-TI which has covered 50 hours of teaching about supervision of psychotherapists and 25 hours of hypervision?		YES	NO
Name of Training Institute (TI):			
Complete address of TI:			
E-mail:	Website:		
Name Coordinator / Director of TI:			
I am an EAGT ordinary member since:			
I am ECP holder since:			
I am an ordinary member of a by EAGT accredited NOGT since:			

►► If you have been trained as supervisor by an EAGT accredited Training Institute you do not need to fill in the questions below. Proceed and finish by going directly to the signing part! ◄◄

When you are not trained as supervisor by an EAGT accredited Training Institute:

- Please proceed filling in the questions below
- Please enclose copies of certificates

1. Did you have at least 8 years of practice as Gestalt therapist?	YES	NO
2. Can you prove that you are able to combine theory and practice of Gestalt therapy in writings or presentations in conferences or workshops? (enclose a copy(ies) of certificate(s) attending and/or presenting conferences/workshops)	YES	NO

- I confirm that I was trained in Gestalt therapy according to standards which comply with the standards of EAGT.
- I have read and agree to the code of ethics of the EAGT. I am not currently the recipient of a complaint.
- I hereby certify that the above information is correct to the best of my knowledge and belief.

Date:

Place:

Signature applicant: